

Gila County Health & Emergency Management



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Food Establishment Plan Review Application

___ NEW ___ REMODEL ___ CONVERSION

Name of Establishment: _____

Category (check one): ___ Restaurant ___ Institution ___ Daycare ___ Retail Market
___ Food Processor ___ Other _____

Establishment Address: _____

Establishment Telephone if known: _____

Name of Owner: _____

Mailing Address: _____

Owner Telephone: _____

Applicant's Name and Title: _____

Applicant Mailing Address: _____

Applicant Phone & Email: _____

Plans/applications have been submitted to the following authorities on the following dates:

_____ Governing Board or Council _____ Zoning _____ Fire

_____ Planning _____ Other (specify _____)

Plan Review Fee: \$100.00

For official use

Amount Received _____	Check Number _____
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Date of Payment _____

Receipt Number _____

Days and Hours of Operation

	Hours of Operation	At what time does someone arrive to prepare food?
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Water Supply: ☐ Public ☐ Semi-Private Well ☐ Non-Community Well

Sewage Disposal: ☐ Public ☐ Private (Septic System)

Does this establishment cater? ☐ Yes ☐ No

I. General

Projected Opening Date _____

Number of Seats _____ Number of Staff (*maximum per shift*) _____

Total Square Feet of Establishment _____

Number of floors on which operations are conducted _____

Approximate number of meals to be served:

Breakfast _____ Lunch _____ Dinner _____

Will a highly susceptible population (elderly, young children, and/or immuno-compromised people) be served as the primary consumers? ☐ Yes ☐ No

Will food be transported to another location as with a catering operation or satellite kitchen?

☐ Yes ☐ No

If yes, please list all locations food will be transported to on a regular basis: _____

Will the establishment be seasonal? (i.e. establishments operate for 8 or fewer months per year)

☐ Yes ☐ No

If yes, please provide the dates of operation: _____

II. Food

Are all food supplies from inspected and approved sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will all shellfish tags and invoices be maintained for 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will canning or use of home-canned goods take place at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will frozen dairy desserts such as ice cream, gelato, or popsicles be made at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional written procedures or plans are required to be submitted and approved before beginning operations of any of the following special processes. Contact the Gila County Division of Health & Emergency Services for more information on the documents that must be submitted.

Will any reduced oxygen packaging, such as vacuum packaging, cook/chill packaging, or sous vide take place at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will smoking of meat for preservation take place at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any foods be cured or dried at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the fermentation of sausages or other foods (such as in the making of kimchi, sauerkraut, pickles, yogurt, cheese, kefir, kombucha, miso or soybean paste) occur at the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any sprouting of seeds take place in the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the making of sushi or sushi rice take place in the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Storage:

Is adequate and approved freezer and refrigeration available to store frozen foods at 41°F and below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does each refrigerator have a thermometer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will raw meats, poultry (including eggs) and seafood be stored in the same refrigerators and freezers with cooked and/or ready-to-eat foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will dry goods and single use items be stored at least 6 inches off the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is appropriate storage space provided for, based upon menu, meals, and frequency of deliveries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are containers constructed of safe materials to store bulk food products?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of refrigeration units: _____ Number of freezer units: _____

How will cross-contamination be prevented during storage? _____

Preparation:

List all foods prepared more than 12 hours in advance of service (such as coleslaw, dressings, potato salad, etc.)

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will all produce be washed on site prior to use? If yes, what sink will be used? (reference the plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will disposable gloves and/or utensils be used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

All potentially hazardous foods which have been prepared or opened and will be held under refrigeration for more than 24 hours must be date marked to ensure the product is not held longer than 7 days, including the date of preparation.

Describe the date marking procedures that will be utilized. _____

Describe the procedure used for minimizing the length of time potentially hazardous foods will be kept in the temperature danger zone (41°-135°F) during preparation. _____

Thawing:

Food must be thawed using one of the following methods. Next to the thawing method, list which food items will be thawed using that method.

☐ No foods will be thawed.

Thawing Method	Food Items
Refrigerated	
Under Running Water less than 70°F	
Microwave (as part of the cooking process)	
Cooking from Frozen State	
Other (describe)	

Cooking:

Will food thermometers be used to measure the final cooking and reheating temperatures?	___Yes ___No ___N/A
Will a consumer advisory be posted or added to the menu for all foods which are raw or undercooked?	___Yes ___No ___N/A

List all potentially hazardous foods which will routinely be served raw or under cooked such as sushi, steak tartar, oysters, hollandaise or béarnaise sauce, Caesar dressing, meringue, or egg-fortified beverages:

List all equipment used for cooking: _____

Hot and Cold Holding:

List all equipment that will be used to maintain a temperature of 135°F or above for all potentially hazardous foods being hot held during service: _____

List all equipment that will be used to maintain a temperature of 41°F or below for all potentially hazardous foods being cold held during service: _____

If you will be using ice, as a supplement, for keeping food cold (such as in a salad bar), how will food be stored in the ice? Describe the procedure to maintain ice levels: _____

If food is going to be transported and/or served off site, how will food temperatures be maintained? List specific equipment and procedures_____

Cooling:

All potentially hazardous foods must be cooled from 135°F to 70°F within 2 hours and to 41°F within another 4 hours. List the food items that will be cooled next to the cooling method to be used.

____No foods will be cooled.

Cooling Method	Food Items
Shallow Pans	
Ice Baths	
Reduce Volume or Size of Food (smaller portions or containers)	
Rapid Chill	
Other (describe)	

Reheating:

List all equipment that will be used to rapidly reheat food to a temperature of 165°F within 2 hours for hot holding:_____

III. Personnel

Will employees be trained in good food sanitation practices, including hand washing?	___ Yes ___ No
Is there a written policy to exclude or restrict food workers who are sick or have infected lesions?	___ Yes ___ No
Are dressing rooms or lockers provided for employees' personal belongs? If no, where will personal belongings be stored?	___ Yes ___ No
Will employees be required to use effective hair restraints?	___ Yes ___ No

IV. Structure

Floors, Wall, and Ceilings:

Are all floors constructed of a smooth, durable, easily cleaned material?	___ Yes ___ No
Is carpeting used as flooring in any area other than the dining area?	___ Yes ___ No
Are all walls and ceilings light-colored, smooth, non-absorbent, and easily cleanable?	___ Yes ___ No
Are all light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings, easily cleanable?	___ Yes ___ No
Is there adequate lighting in all areas of the kitchen, walk-in coolers, ware washing areas, restrooms and storage areas?	___ Yes ___ No
Are shields provided for all lighting in food storage, preparation, service, and display units; as well as areas where utensils and equipment are cleaned and stored?	___ Yes ___ No

Equipment:

Specify how many of each are available:

Small Equipment	Number
Slicers	
Mixers	
Microwaves	
Other (describe)	
Other (describe)	
Other (describe)	

Are all food contact surfaces, easily cleanable, and nonabsorbent?	___ Yes ___ No
Is all non-portable equipment that is placed on tables or counters either sealed to the table or counter or elevated on legs 4 inches off the table or counter?	___ Yes ___ No
Is all floor-mounted equipment, unless readily moveable, sealed to the floor or elevated on legs to provide a 6 inch clearance?	___ Yes ___ No

Sinks:

Do all sinks have hot and cold running water?	___Yes ___No
Is there a food preparation sink?	___Yes ___No
Is there a hand washing sink in each food preparation and ware washing area?	___Yes ___No
Do all hand washing sinks have a mixing valve or combination faucet?	___Yes ___No
If applicable, do “push button” style hand sink faucets provide a flow of water for at least 15 seconds without reactivation?	___Yes ___No ___N/A
Is soap available at all hand sinks?	___Yes ___No
Are paper towels or air dryers available at all hand sinks?	___Yes ___No
Are waste receptacles provided at each hand sink?	___Yes ___No
Are dump sinks available at all bar and beverage stations?	___Yes ___No ___N/A
Is there a mop sink?	___Yes ___No
Is there a three-compartment sink?	___Yes ___No
Does the largest pot and pan fit into each compartment of the three-compartment sink?	___Yes ___No
Are there drain boards on both ends of the three-compartment sink?	___Yes ___No
Is there a dish machine?	___Yes ___No
If the dish machine is hot water sanitizing, is there a booster heater and mechanical ventilation?	___Yes ___No ___N/A
Do all dish machines have temperature/pressure gauges as required that are accurately working?	___Yes ___No ___N/A

Plumbing:

Is the hot water generator sufficient for the needs of the establishment?	___Yes ___No
Is there a water treatment device?	___Yes ___No
Are there backflow prevention devices where required?	___Yes ___No

Sewage Disposal:

Are grease traps provided? ___Yes ___No

If yes, where are they located? _____

Hoods:

How is the ventilation hood system cleaned? Include how often it is cleaned. _____

Restrooms:

Do all restrooms have hand sinks with hot and cold running water, soap, and paper towels or air drying devices?	___Yes ___No
To avoid re-contamination of hands, are paper towels available for food employees to use when touching surfaces such as the faucet handles of hand washing sinks or the handles of rest room doors?	___Yes ___No
Are covered waste receptacles available in each rest room?	___Yes ___No
Are all rest room doors self-closing?	___Yes ___No
Are all restrooms equipped with mechanical ventilation?	___Yes ___No

Pest Control:

Will all outside doors be self-closing and rodent proof?	___Yes ___No
Are screen doors provided on all entrances left open to the outside?	___Yes ___No
Do all openable windows have a minimum #16 mesh screening?	___Yes ___No
Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	___Yes ___No
Is area around building clear of unnecessary brush, litter, boxes and other harborage?	___Yes ___No
Will air curtains be used? If yes, where?	___Yes ___No
Who will be the pest control provider for the establishment?	___Yes ___No

Garbage and Refuse:

Will a dumpster be used? If yes, how many will be used? If yes, how frequent is pickup?	___Yes ___No
Do all dumpsters have closeable lids?	___Yes ___No
Will a compactor be used?	___Yes ___No
Are all dumpsters, compactors, cans, and grease disposal containers located on concrete or asphalt?	___Yes ___No
Is the dumpster shared by more than one business? If yes, list all businesses utilizing dumpster.	___Yes ___No

Miscellaneous:

Will linens be laundered on site?	___Yes ___No
Is a laundry dryer available?	___Yes ___No

Where will clean linen be stored? _____

Where will dirty linen be stored? _____

Sanitizing:

How will utensils and equipment be sanitized (list the concentration) in the three compartment sink or dish machine?

____ Chlorine ____ PPM ____ Hot Water ____ °F

____ Quat ____ PPM ____ Other _____, ____ PPM

Toxics:

Are insecticides/rodenticides/herbicides stored separately from cleaning and sanitizing agents?	____ Yes ____ No
Are all toxics for use on the premises or for retail sale (this includes personal medication), stored away from food preparation and storage areas?	____ Yes ____ No
Are all containers of toxics including spray bottles clearly labeled?	____ Yes ____ No

By signing, I certify that the above information is correct and I fully understand the following:

- **The plan review expires one year from the date of approval. If construction or remodeling is not started within that time period, it may be necessary to resubmit for a new review of the plans.**
- **Any changes or alterations to plans must have prior approval by Gila County Division of Health & Emergency Services.**
- **Approval of these plans by the Gila County Division of Health & Emergency Services does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment.**
- **A final inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Food & Drug Administration 2013 Food Code.**

Applicant Signature

Date